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**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**
(Not for submission under 37 CFR 1.99)

Application Number		
Filing Date		
First Named Inventor	Thomas CHMIELEWSKI	
Art Unit		
Examiner Name		
Attorney Docket Number	PHUS040035US2	

U.S.PATENTS

Examiner Initial*	Cite No	Patent Number	Kind Code ¹	Issue Date	Name of Patentee or Applicant of cited Document	Pages, Columns, Lines where Relevant Passages or Relevant Figures Appear
	1	4682125		1987-07-21	Harrison, et al.	all
	2	4922204		1990-05-01	Duerr, et al.	all
	3	5294886		1994-03-15	Duerr	all
	4	5594338		1997-01-14	Magnuson	all
	5	5682098		1997-10-28	Vij	all
	6	6236206	B1	2001-05-22	Hartman, et al.	all
	7	6593744	B2	2003-07-15	Burl, et al.	all

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	1	EP 1 085 338	EP	A1	2001-03-21	Marconi Medical	all	<input type="checkbox"/>
	2	EP 1 128 188	EP	A2	2001-08-29	Marconi Medical	all	<input type="checkbox"/>

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Examiner Initials*	Cite No	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc), date, pages(s), volume-issue number(s), publisher, city and/or country where published.	T ⁵
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☐ Fee set forth in 37 CFR 1.17 (p) has been submitted herewith.

☒ None

SIGNATURE

A signature of the applicant or representative is required in accordance with CFR 1.33, 10.18. Please see CFR 1.4(d) for the form of the signature.

Signature	/Thomas M. Lundin/	Date (YYYY-MM-DD)	2006-07-06
Name/Print	Thomas M. Lundin	Registration Number	48979

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